

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/7/02</u>		2 Serial/Pat nt # <u>09/880,409</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
<input checked="" type="checkbox"/>	Assignment <u>overpayment</u>	3	2/8/02	\$ 30.00							
<input checked="" type="checkbox"/>	Other	3	2/8/02	\$ 130.00							
		7 TOTAL AMOUNT OF REFUND		\$ <u>160.00</u>							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check									
<input checked="" type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:									
No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> </tr> </table>			0	1	--	2	5	0	8
0	1	--	2	5	0	8					
<u>Authorization to charge deposit as credit card</u> <u>for surcharge</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>PATRICIA FAISON-BALL</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Patricia Faison Ball</u>		PHONE: <u>6/7/02</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>8/9/02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**